L08000073164

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000184259 3)))

H08000184259ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

L. SELLERS

JUL 31 2008

EXAMINER

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305)444-4994
Fax Number : (305)444-4977

FLORIDA/FOREIGN LIMITED LIABILITY CO.

ATLANTIC HOME HEALTH AGENCY OF SOUTH FLORIDA, LLC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	$155.00

RECEIVED
08 JUL 30 PM 2:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
08 JUL 30 AM 7:24
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

(((H08000184259)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

ATLANTIC HOME HEALTH AGENCY OF SOUTH FLORIDA, LLC.
(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
4908 - C SW 72ND AVENUE	4908 - C SW 72ND AVENUE
MIAMI, FL 33155	MIAMI, FL 33155

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

EMERSON CARMONA
Name

4908 - C SW 72ND AVENUE
Florida street address (P.O. Box NOT acceptable)

MIAMI, FL 33155 FL
City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

FILED
08 JUL 30 AM 7:35
SECRETARY OF STATE
TALLAHASSEE FLORIDA

(CONTINUED)

(((H08000184259)))

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager "MGRM" = Managing Member	**Name and Address:**
MGR	WILFREDO E MARTINEZ 4908 - C SW 72ND AVENUE MIAMI, FL 33155
MGR	LUIS E MEJER JR 4908 - C SW 72ND AVENUE MIAMI, FL 33155
MGR	EMERSON CARMONA 4908 - C SW 72ND AVENUE MIAMI, FL 33155

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: JULY 30, 2008 . (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

EMERSON CARMONA
Typed or printed name of signee

FILED
08 JUL 30 AM 7:35
SECRETARY OF STATE
TALLAHASSEE FLORIDA